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T. CLINE

JUN - 1 2011

**EXAMINER** 

# **COVER LETTER**

Division of Cor			
SUBJECT: B	arthle Bro	thers Ranch LLC ited Liability Company	
	Name of Limi	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
	Jeanette	Dillard Name of Person	
	<u>Bartl</u>	hle Brothers Ranch, LLC Firm/Company	
	P.D.	Box 6 Address	
		Antonio, FL 33576 City/State and Zip Code	
		BD4ALL Caolicom	201
		(to be used for future annual report notification)	
For further information c	oncerning this matter, please of	call:	Approximation of the second
Jeanette D	illard	at (352) 585-1691 mg	<u> </u>
Name o	f Person	(to be used for future annual report notification)  call:  at (352) 585-1691  Area Code & Daytime Telephone Number	2011 MAY 31 MAD 4.7
Enclosed is a check for the	ne following amount:	Or >	3
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is en	

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barthle	Brothers Ran		_		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears la Limited Liability Company)	on our records.			
The Articles of Organization for this Limited Liability Florida document number <u>L110000</u> 7		1/14/11	and a	assigne	x <b>d</b>
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	imited liability company here	•			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compan	y," the designation	"LLC" or th	ie abbre	viation
Enter new principal offices address, if applicable:				-	······································
(Principal office address MUST BE A STREET AD	DRESS)				
		<del></del>	<u> </u>	201	<del></del>
Enter new mailing address, if applicable:			CRET	HAY	Market.
(Mailing address MAY BE A POST OFFICE BOX)			SSE	<u> </u>	3-4
			E. FL	班	
B. If amending the registered agent and/or reg	gistered office address on ou ddress here:	ır records, <u>enter</u>	OR TAIN	<u>क</u> का th	e new
Name of New Registered Agent:					<del></del>
New Registered Office Address:	New Registered Office Address:  Enter Florida street address				
	. Florida				
_	City	, rivi rua _	Zip Co	ode	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
MGRM	Randolph J Barthle	26345 Bayhead Rd Dade City, FL 33523	_□ Add □ Remove			
<u>MGR</u> M	Stephen Barthle	15501 Bellamy Bros. Blod Dade City Fee 33523	Add Remove			
<u>MGR</u> M	Jeanette Dillard	15995 Bellamy Bros. Blud Dade City FC 33523	Add Remove			
MGRM	Kathleen Paige	10023 LI DiKe Rd Clewiston, FL 33440	Add Remove			
MGRM	Lawrence Barthle	17231 Bellany Bres Blud Dade City, FL 33523	Add.			
MGRM	Mark F Barthle	17899 Bellamy Bros Blud : Dade City, FCJ 33523				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
	59. 092139	77	_			
			-			
Dated	Tay 27, , 20	<u>//</u> .				
Signature of a member or authorized representative of a member						
Jeanette Dillard						
<del></del>	Typed or	printed name of signee				

Page 2 of 2

Filing Fee: \$25.00